United States Bankruptcy Court Eastern District of Pennsylvania

In re: Debior(s)	•			
David J. Angstadt aka David Angstadt, aka David John Angstadt, dba DJA Home & Auto Service	,	Case No.:	17-16003	
De			ATION OF BUS NG MONTHLY	SINESS DEBTOR 7 REPORT
I, <u>David J. An</u> my oath, depose(s) and say(s		, being	of full age and d	luly sworn upon
1. I am the business Debtor	r(s) in the above	e reference	d matter.	
2. I have completed and att	ached a Month	ly Financia	Report for the r	nonth of
3. All of the information in to the best of my knowledge	the Monthly F, information a	inancial Re nd belief.	port is complete	, true and correct
This certification an States Bankruptcy Court, the in accordance with Section Code.	e United States	Trustee and	the Chapter 13	Standing Trustee
Date: 4-08-18_0	Daria	l a	rystock	Debto
Date:				
				Debto

IN THE MATTER OF:	Case No. 17-16003
David J. Angstadt aka David Angstadt,	PETITION FILED: 9/6/2017
aka David John Angstadt,	MONTHLY REPORT NO. 1
dba DJA Home & Auto Services	A 1 AA
DEBTOR IN POSSESSION	MONTH ENDED SEPT. 201
ALL ITEMS MUST BE ANSWERED	USING "NONE" OR N/A WHERE APPROPRIATE
CHAPTER 13 MONTHLY REPORT	FOR INDIVIDUALS ENGAGED IN BUSINESS
1. Cash on Hand (on filing date, or th	nereafter, from prior reporting period) 2915.00
2. Receipts during Report Period:	
a. Salary and Commissions	2567.95
b. Interest or Dividend Income	
c. Real Estate Rental	900.00 - Renta Room
d. Other (Describe-Schedule A)	<u>400.00 - Rei 17 2 Record</u>
TOTAL RECEIPTS	3467.95
3. Disbursements:	
a. Taxes – IRS	
b. Taxes-State, including any sales tax due	
c. Taxes- Real Estate	
d. Taxes- Other	
e. Utilities	
f. Mortgage(s) or Rent(s)	785.00
g. Insurance premiums (list type)	A-135 H-65.42
h. Food	215.00
i. Medical	
j. Car loan	
k. Automobile expenses	250.00

CASE NO. 17-16003	MONTH ENDING SCOE 2017
1. Clothing	50.00
m. Gifts – donations (Schedule B) _	
n. Tuitions (Schedule B)	
o. Other (Describe)	
TOTAL DISBURSEMENTS 154	00.40
4. Balance at end of reporting period [(1-	2)-3] 2915+3467.95 = 6.382.95
	ng) as they are incurred? If not, list outstanding
6. Is all insurance paid up-to-date?	yes
Debtor in Possession Checking Account(s	
NAME, LOCATION AND NUMBER	(s) DJA Home+ Loto Serv. @ Dione
BRANCH Ck. Un.	Exeter BR. Perkinnen Ave
Debtor in Possession Savings Account(s)	and Investments, including IRA's, Keogh, Pension:
DESCRIBE: DJA HONE	
	r.Un. Perkimon Are BirdsBores
SCHEDULE A	Be.
(2)(d) Other:	
SCHEDULE B	
Gifts – donations/Name(s) of recipient(s):	
Tuition(s) list name and school(s):	

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CASE NO.	17-16003	
CITOL ITO.		

MONTH ENDING Sept 2017

SCHEDULE C

Outstanding obligations: (List payee and date incurred)

I DECLARE THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I FURTHER CERTIFY THAT ALL TAX REPORTS OR RETURNS WHICH BECAME DUE DURING THE REPORTING PERIOD HAVE BEEN FILED AND ALL REQUIRED PAYMENTS MADE.

SIGNATURE OF DESTOR(S)

\$-08-18 DATE